



# **MAYFLOWER MUNICIPAL HEALTH GROUP**

## **EMPLOYER/ EMPLOYEE REQUIREMENTS AND** **ACKNOWLEDGEMENT INFORMATION**

**Property of Mayflower Municipal Health Group**

**March, 2013 (revised)**

**Mayflower Municipal Health Group (MMHG) contains the following Governmental Units and they are subject to the attached requirements:**

<i>TOWN OF ABINGTON</i>	<i>PLYMOUTH COUNTY</i>
<i>TOWN OF BRIDGEWATER</i>	<i>PLYMOUTH COUNTY RETIREMENT ASSOCIATION</i>
<i>BRISTOL COUNTY</i>	<i>TOWN OF PLYMPTON</i>
<i>BROCKTON AREA TRANSIT AUTHORITY</i>	<i>TOWN OF ROCHESTER</i>
<i>CARVER MARION REGIONAL REFUSE DISPOSAL DISTRICT</i>	<i>TOWN OF ROCKLAND</i>
<i>TOWN OF HALIFAX</i>	<i>TOWN OF SCITUATE</i>
<i>TOWN OF HANOVER</i>	<i>SILVER LAKE REGIONAL SCHOOL DIST</i>
<i>TOWN OF HANSON</i>	<i>SOUTHEASTERN REGIONAL TRANSIT AUTHORITY</i>
<i>TOWN OF HINGHAM</i>	<i>SOUTH SHORE EDUCATIONAL COLLABORATIVE</i>
<i>TOWN OF HULL</i>	<i>SOUTH SHORE REGIONAL EMERGENCY COMMUNICATION CENTER</i>
<i>TOWN OF KINGSTON</i>	<i>SOUTH SHORE TRI-TOWN DEV.CORP.</i>
<i>TOWN OF MARSHFIELD</i>	<i>SOUTH SHORE VOCATIONAL TECHNICAL HIGH SCHOOL</i>
<i>NORFOLK COUNTY</i>	<i>WAREHAM FIRE DISTRICT</i>
<i>NORTH RIVER COLLABORATIVE</i>	<i>WATERWORKS-ABINGTON-ROCKLAND</i>
<i>TOWN OF NORWELL</i>	<i>TOWN OF WEST BRIDGEWATER</i>
<i>ONSET FIRE DISTRICT</i>	<i>TOWN OF WHITMAN</i>
<i>TOWN OF PEMBROKE</i>	<i>WHITMAN-HANSON REGIONAL SCHOOL DISTRICT</i>

**Mailing Address:**

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## **Mayflower Municipal Health Group**

### ***Employer frequently asked questions***

#### **Who do I contact to receive plan materials, order ID cards or change a Primary Care Physician?**

- If you need plan materials (summary of benefit, applications, etc.) please contact Joyce Lewis (phone (774) 773-9309 or email [JoyceLewis@MMHG.org](mailto:JoyceLewis@MMHG.org) or online [www.mmhg.org](http://www.mmhg.org)
- Subscribers must contact either Blue Cross Blue Shield (BCBS) or Harvard Pilgrim (HP) to change their Primary Care Physician (PCP)
- Members may order I.D. cards by calling BCBS/HP/Delta Dental and mailing address should be confirmed (Member Service Phone numbers: BCBS 1-800-782-3675, HP 1-888-333-4742, Delta Dental 1-800-872-0500)

#### **Who Is An Eligible Subscriber?**

- Permanent full time employees and part time employees working a minimum of twenty(20) hours a week or greater as defined in G.L. c. 32B
- Public school employees who are eligible for benefits shall be considered employees for the months of July and August provided their contributions were withheld/paid during the previous school year
- Elected officials who are employed fewer than twenty (20) hours per week but who are compensated "may" be determined eligible by the appropriate public authority in accordance with G.L c. 32B
- Retired employees receiving a pension attributable to employment with your governmental unit- (Employees must meet the requirements of G.L. c. 32 and the requirements of the applicable Retirement Board)
  - ❖ Unless your governmental unit has an established regulation or policy to the contrary, a newly retired employee does not have to have been enrolled while employed but must have been eligible for health coverage while employed.
  - ❖ If the retiree does not have benefits with your governmental unit than the retiree's spouse can't have benefits (excluding surviving spouses that may be eligible)
- A surviving spouse may be eligible for contribution toward premium cost by the governmental unit if the governmental unit has accepted the applicable section(s) of G.L. c. 32B (relationship must be disclosed on enrollment form)
- A surviving spouse that gets re-married is no longer eligible for coverage in accordance with G.L. c.32B, section 9B.

#### **In no event may SEASONAL OR EMERGENCY EMPLOYEES be considered eligible.**

#### **If an individual is not eligible for coverage under G.L. c. 32B (or COBRA) he/she can NOT have benefits by paying 100% of the premium.**

#### **No appointing authority in a governmental unit may determine a position eligible for benefits that is not in accordance with G.L.c.32B**

#### **What if an employee is granted a leave of absence with or without pay under FMLA?**

- The employee is entitled to health coverage for up to 12 weeks of health benefits at the same contribution rate the employee would have paid if actively at work.

## What if an employee is granted a leave of absence without pay (NOT FMLA)?

- An employee that is granted a leave of absence without pay must pay 100% of the premium and there can be no lapse in coverage. When the leave of absence expires and the employee's employment terminates the COBRA law will apply. However, an employee who is on unpaid leave due to personal illness will be eligible for contribution by the governmental unit subject to the rules and regulations of the governmental unit. Approved leave of absence must be in writing.

## Who Is an Eligible Dependent?

- Legally Married Spouse (including same sex) M.G.L. ch.32B governs MMHG and does not recognize unmarried partners for the purpose of health insurance
- Legally Married Spouse of Retiree-A retiree must participate in your governmental unit's group health plan in order for their spouse to be eligible
- Upon granting of judgment of divorce or of separate support, the ex-spouse who is not an employee or retiree shall remain eligible under the employee's or retiree's Family plan, unless the judgment provides to the contrary. Upon the remarriage of the employee or retiree, if the judgment requires that the employee/retiree must continue to provide coverage for the ex-spouse (who hasn't remarried), the ex-spouse will be offered coverage through an Individual plan and the employee/retiree will be responsible for 100% of the premium cost for the plan. Upon the remarriage of the non-employee/retiree's ex-spouse, that ex-spouse will be removed from the plan.
- Dependents up to age 26 (**EFFECTIVE JULY 1, 2011**)
- Disabled Dependent (mentally or physically incapable of earning his/her own living) certified as such by BCBS or HP (existing dependents on plan may continue coverage)

## When Can an Employee Enroll/Cancel?

- Employees must enroll the first day of the month following Date of Hire (Please note that if the employee's date of hire/first day worked is September 1<sup>st</sup> than MMHG allows the governmental unit to enroll the employee on September 1<sup>st</sup> in accordance with union contracts that may be in place) Newly hired employees are not eligible for benefits before they actually begin employment.
- During the Annual Open Enrollment period with an effective date of July 1<sup>st</sup>
- Special Open Enrollment period for a qualifying event (employee must notify employer within 30 days of qualifying event)
- Date the employee qualifies as part time (20 hours set by M.G.L. ch.32B Sect. 2)
- Date of Retirement (must be eligible retiree receiving allowance from your community)
- Coverage must end on the last day of the month in which employment terminates. (School employees who are terminated at the end of the school year may be continued during the months of July and August provided that contributions for those months were deducted from their compensation in the preceding school year.)
- COBRA-Coverage must be cancelled when employee/dependent is no longer eligible and reinstated upon election and payment of COBRA premium
- Employees may voluntarily cancel their insurance at any time but must give at least 30 days advance notice
- Dependents may be voluntarily cancelled by the subscriber at any time with 30 days advance notice-(Please indicate on form if the cancellation changes coverage type)

***Please caution subscribers that want to immediately cancel their spouse and/or dependent due to domestic problems that they could be financially responsible for retro active reinstatements and/or any claims incurred as ordered by the Court.***

## What Constitutes a Qualifying Event?

- **Involuntary** loss of coverage under another health plan (Spouse/Parent)
- Date the employee's spouse voluntarily cancels coverage under another health plan **due to** the total termination of their employer's contribution toward the premium cost of the plan
- Marriage, birth of a child, adoption of a child, placement of a child for adoption

**There may be other circumstances so please call us if you are not sure or would like paperwork reviewed.**

## What Does Not Constitute a Qualifying Event?

- Spouse's voluntary cancellation of current health/dental plan (unless due to employer's total cessation of contribution toward premium cost)
- Electing to terminate one's COBRA plan
- Primary care physician no longer participating with current plan
- Change in spouse's employer plans
- Change in contribution amount/premium by spouse's employer (unless total cessation of contribution)
- Infertility treatment begun under another carrier and not covered

## When Can A Dependent Enroll?

- Open enrollment (July 1<sup>st</sup>)
- Date of marriage
- Date of birth/adoption/legal guardianship
- Date dependent **involuntarily** lost eligibility for coverage under another health/dental plan
- Date dependent voluntarily canceled coverage under another health/dental plan due to the total cessation of an employer's contribution

## When to Include Supporting Documentation?

*Please see attached list of required documentation for coverage with MMHG.*

- Employee is covering dependents
- Application is a result of a Qualifying Event
  - ❖ Marriage/birth/divorce/adoption - attach marriage/birth certificate or divorce decree
  - ❖ Loss of coverage elsewhere - letter from spouse's employer that states the loss of coverage was **involuntary** or they ceased contribution toward the premium cost for spouse's plan **and** HIPAA certificate that has the members covered and the date coverage ends
- Employee and/or spouse is over age 65 – Copy of Medicare card is required- a letter from Social Security will be accepted temporarily if application is time sensitive

***\*Mayflower Municipal Health Group reserves the right to request additional documentation in order to support eligibility and/or satisfy the requirements for reinsurance.***

## What to do when an Employee or Spouse Turns 65?

- Determine Status- Retired from your community or still working for you (TEFRA)
  - Determine Medicare Eligibility- \*Proof of ineligibility must be provided (rare)
  - If employee is still working for you (TEFRA): subscriber and spouse should still enroll in Medicare Part A and provide Medicare information to MMHG or insurance **will be cancelled**
  - G.L. c.32B requires all Retired subscribers from your community and their spouses/dependents that are Medicare Eligible to enroll in Parts A & B and transfer to a supplemental plan (Medicare is Primary). Effective date is retirement date or Medicare effective date whichever is later.
  - Medicare ineligible members (retirees and spouses) **MUST** notify you/MMHG if they become eligible for Medicare at a later date.
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- ❖ **Example 1:** Retired Employee with no dependents turns age 65 on February 21 and has been retired for 5 years.-Medicare A & B should be effective February 1<sup>st</sup> and effective date for supplemental plan should be February 1<sup>st</sup>. (if employee/retiree birthday is Feb 1<sup>st</sup> than the effective date for Medicare and supplemental plan is January 1<sup>st</sup>)
  - ❖ **Example 2:** Active Employee with no dependents turns age 65 on February 21 and will retire May 15<sup>th</sup>. –Employee should enroll in Medicare part A only effective February 1<sup>st</sup> and then enroll in Medicare part B effective May 1<sup>st</sup> and the effective date for supplemental plan should be the date of retirement May 15<sup>th</sup> (no penalty for picking up part B when over age 65 because employee continued to work for you)
  - ❖ **Example 3:** Retired Employee with spouse turns age 65 on February 1<sup>st</sup> and has been retired for 2 years (spouse is under age 65 and not eligible for Medicare). –Medicare A & B for retired employee should be effective January 1<sup>st</sup> and effective date for supplemental plan should be January 1<sup>st</sup>. The non Medicare eligible spouse enrolls in a single plan (usually same health plan spouse had prior to retiree becoming eligible for Medicare).
- If Retiree (and spouse) have dependent children on the plan they may remain on a family plan but must enroll in Medicare Parts A & B and notify MMHG (Medicare is Primary)

**Insured members are required to notify you when they become eligible for Medicare for any reason including disability or ESRD (End Stage Renal Disease)**

## Should retirees enroll in Medicare Part D?

- For most MMHG Medicare enrollees, the drug coverage that is currently offered through MMHG health plan is a better value than the Medicare drug plans being offered. Therefore, retirees should not enroll in a Medicare drug plan.
- If a retiree has limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for the retiree. Contact the Social Security Administration for details.

## **Guidelines/Requirements and Employer Acknowledgement**

- Applications **must** be received within 30 days of the requested effective date and attach the signed employee document titled “**EMPLOYEE ACKNOWLEDGEMENT**”
- A special exception may be requested in certain circumstances when the application is received beyond the 30 day requirement. All special exceptions must be reviewed and receive approval by Blue Cross Blue Shield or Harvard Pilgrim Underwriting unit. The underwriting process could take up to 4 weeks to be processed and may be denied.
- All deceased individuals must be cancelled by filling out an application and if death occurred more than 30 days retro a death certificate is required- Credit will be given for deceased subscribers up to (1) one year from notification to MMHG minus non recoverable Administrative fee(s) and any other premium paid. Cancellations should be effective the date after death.
- Member units must notify MMHG when a subscribers status changes to COBRA (A copy of signed election form is acceptable for subscribers but dependents that are enrolling in COBRA must fill out a new application)
- Address changes should be sent to MMHG via email, fax or mail –Please note that you may submit address changes in letter/fax format as long as all identifiable information is included (Governmental unit, subscriber name & ID number, address, Date of Birth)
- Member units must notify MMHG of all work related injuries, Medicare eligibility and change in employee status including FMLA and LOA.

### **Required Application Information**

- All information must be completed in order to process a new enrollment application including signature of employee and employer as well as dependent social security numbers.
- Medicare eligibility must be filled in and if eligibility is due to End Stage Renal Disease (ESRD) the first date of treatment must be disclosed.
- Primary Care Physicians must be selected for employees selecting Managed Care Products (HMO's). No claims will be paid and no referrals will be authorized until a PCP is listed.

**Please double check application for completeness and wait until you receive all supporting documentation from the employee prior to sending to MMHG. This will prevent your application from being rejected and returned to you.**

**Employers are strongly urged to compare monthly detailed employee payroll deductions to the invoice from the MMHG. Employers should also maintain a monthly log of all changes in subscriber contracts. Both of these measures will ensure that the governmental unit is receiving the appropriate employee contribution and not paying for ineligible subscribers that have left employment.**

### **Acknowledgement:**

I have read and agree to abide by the employee and employer requirements and further understand that I will notify my employees of any and all changes that occur now and in the future that may alter their benefits. I acknowledge that I must provide the employees with information regarding plan design as well as comply with the requirements of all regulations including but not limited to COBRA, HIPAA, HIRD, and FMLA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Governmental Unit

Print Name:\_\_\_\_\_

Date:\_\_\_\_\_

**The signature must be the individual of the authorized Employer Representative responsible for signing enrollment applications. If more than one person is authorized please submit a form for each authorized representative.**

## **REQUIRED SUPPORTING DOCUMENTATION FOR EMPLOYEES**

### **Documents that you need to provide in order to have coverage with MMHG**

#### **If you are planning to cover yourself only:**

- There is no supporting documentation needed but you still need to sign the employee acknowledgement and attach to enrollment application

#### **If you are planning to cover a current and/or former spouse, you will need the following:**

- If you are married – Photocopy of Certified Marriage Certificate (**church documents are not acceptable**)
- If you are divorced or legally separated the following sections of Separation Agreement are **required**:
  - ❖ Divorce Absolute Date
  - ❖ Signature Page
  - ❖ Health Insurance Provisions
  - ❖ Your Former Spouse's Last Known Address

***Please note: When the employee remarries and the divorce document requires continued coverage for the former spouse, the former spouse may not continue coverage under the employee's family contract even if the employee's new spouse does not wish to be covered under the employee's group plan. The former spouse may be enrolled under an individual plan if the divorce document specifies that the employee must continue coverage for the former spouse and the employee must pay 100% of premium. In no event will coverage be available after the former spouse remarries.***

#### **If you are planning to cover dependent children, you will need the following:**

- Dependent Child Coverage (New and Existing) – Photocopy of Certified Birth Certificate (must have parent/child relationship listed)
- Disabled Dependent – complete Disabled Dependent form directly with the insurance company
- Adoption – Copy of Adoption Placement Letter
  - ❖ Letter must be on Adoption Agency Letterhead and include the following:
  - ❖ Name of Adoptive Parents
  - ❖ Name of Adopted Child
  - ❖ Date Child Placed in the Home
  - ❖ **Foreign Adoptions**-if the date of placement with the adopting parent(s) is not noted in the adoption documentation from the official government papers, a copy of the child's picture passport and a page showing a Department of Homeland Security, US Customs and Border Protection date stamp are required. The letter from the licensed adoption agency must state the "date of placement for the purpose of adoption."

**IMPORTANT: To ensure compliance with eligibility requirements, the enrollment of adopted children will be subject to written approval of the Blue Cross Blue Shield of Massachusetts or Harvard Pilgrim Member Underwriting Department.**

- Grandchild – Photocopy of Court Guardianship Appointment
  - However, if grandchild is a dependent of a dependent, copy of grandchild's certified (Long Form) birth certificate is required.



## **Additional Required Documents for Retirees and notes about Obtaining Required Documentation**

**Reminder:** Massachusetts law requires that all Medicare eligible municipal retirees enroll in Medicare parts A&B and enroll in a Medicare supplement plan in order to retain municipal health insurance coverage (MMHG). (M.G.L ch.32B, section 18a)

### **Additional Required Documents for Retirees:**

**If you and/or your spouse are on Medicare, you will need the following documentation:**

- See above for spousal and dependent coverage
- Photocopy of Medicare Card (include a copy of spouse's card if applicable)

**If you and/or your spouse are over age 65 and not eligible for Medicare you will need the following documentation:**

- See above for spousal and dependent coverage
- Letter from Social Security stating that you and/or your spouse is/are not eligible for Medicare Part A for free.
- **\*IMPORTANT: IF YOU OR SPOUSE BECOME ELIGIBLE FOR MEDICARE PART A FOR FREE YOU MUST NOTIFY YOUR EMPLOYER.**

### **Obtaining Required Documentation:**

Documents such as marriage certificates and birth certificates can be obtained by contacting the Clerk's Office of the town in which the event occurred.

Adoption verification and grandchild verification information can be obtained by contacting the adoption agency used or the Clerk of Court's office in the town in which the event occurred.

We encourage you to contact the appropriate offices as soon as possible. There may be a waiting period to obtain information.

**Employee Acknowledgement:**  
**(Employees with MMHG health insurance must sign and return to employer)**

- I understand that I am required to notify my employer within thirty (30) days of the following events:
- a. marriage
  - b. birth of a child
  - c. adoption of a child or placement for adoption
  - d. legal guardianship
  - e. **divorce**
  - f. death of a dependent
  - g. dependent's loss of status as a dependent (except for turning age 26)
  - h. myself, my spouse or dependent becoming eligible for Medicare and/or enrolling in Medicare
  - i. divorced spouse's re-marriage
  - j. change of address

***Caution: Failure to notify your employer that your dependent(s) is/are no longer eligible may result in being financially responsible for any claims that were paid for an ineligible dependent. Your contract may be cancelled retroactively if you have committed fraud or misrepresented yourself and/or dependent(s).***

- I understand that I may cancel health insurance for myself and/or dependent(s) voluntarily at any time with 30 days advance notice.
- If I refuse health insurance or cancel coverage I understand that I may only enroll during the next open enrollment period (effective July 1<sup>st</sup>) unless a valid qualifying event occurs.
- I have received the comparison of benefits, Summary of Benefits and Coverage (SBC) and/or other benefit plan summary information that explain my health insurance benefits, HIPAA notice of privacy practices **or** have gone online to receive this information at [www.MMHG.org](http://www.MMHG.org)

**Mayflower Municipal Health Group reserves the right to request additional information to support eligibility in accordance with G.L. c.32B section 6.**

**In order to process your Health Insurance enrollment please read this form, sign, and date. Attach this document to your completed enrollment application. Please keep a copy of this form for your records.**

**VISIT US ON THE WEB AT: [WWW.MMHG.ORG](http://WWW.MMHG.ORG)**

\_\_\_\_\_  
**Signature (subscriber)**

\_\_\_\_\_  
**Date**

**Print Name:** \_\_\_\_\_ / **Employer/Governmental Unit:** \_\_\_\_\_

**Email address** \_\_\_\_\_ (you will receive wellness email updates with important incentive programs and your email address will not be shared with anyone)

**Insurance plan selected (circle one): BCBS   HP /   Type of plan (circle one): IND   FAM**